Joint Commission and Blue Cross/Blue Shield Team Up For Quality: Joint Commission To Launch National Managed Care Accreditation

CHICAGO, May 12, 1988 — The Joint Commission on Accreditation of Healthcare Organizations and the Blue Cross and Blue Shield Association have agreed on a joint initiative to foster accreditation of all the Blues' HMOs across the country over the next several years. The Blues now have 96 HMOs, with 4.5 million members. The Joint Commission also will begin offering managed care accreditation to all pre-paid health plans this year.

The Chicago-based health coverage giant Blue Cross and the Joint Commission, Chicago, which accredits 5,100 hospitals and 3,200 ambulatory, mental health, hospices and long term care facilities nationwide, will work closely with the Blues' HMOs to help them meet Joint Commission accreditation standards and elements of the Blue Cross National HMO Quality of Care Program.

"Blue Cross and the Joint Commission recognize that a state-of-the-art quality assurance program and national managed care standards will get to the core of a quality HMO," observed Dennis O'Leary, M.D., Joint Commission president. "Working toward accreditation is a way for these HMOs to become involved in measuring and managing the quality and appropriateness of care."

Bernard Tresnowski, president of the Blue Cross and Blue Shield Association, emphasized accreditation as an opportunity for HMOs to distinguish themselves, noting that Joint Commission accreditation is not just a credential but a challenge to HMOs to achieve the highest standards of quality.

On April 23 the Joint Commission formally approved a nationwide accreditation program for managed care. Until eligibility criteria are established, the Joint Commission will consider accreditation applications, quality review contracts, and other agreements involving managed care organizations on a case-by-case basis.

The Joint Commission recently won a bid by the Minnesota Department of Human Services to review the performance of 10 per-paid health plans, and will review 48 HMOs by early 1989 as part of contracts with the Ohio Department of Human Services and Prudential Insurance Company.

HMOs and health insurers faced a surge in hospital and physician costs last year. But HMO executives say quality, rather than price, will become the focus of industry competition, according to a survey conducted by Arthur D. Little, Inc., a management consulting firm based in Cambridge, Mass. Approximately 13% of the U.S. population belongs to HMOs.

AAPPO Announces Preliminary Guidelines For PPO Accreditation

CHICAGO, July 11, 1988 — The Board of Directors of the American Association of Preferred Provider Organizations (AAPPO) has approved preliminary guidelines that will serve as a basis for voluntary PPO accreditation standards. Industry observers consider the vote a significant milestone in the development of the nation’s first PPO accreditation program.

Based on the work of the AAPPO's Pacific Regional Chapter and Board Member Peter Boland, the guidelines will be ready for distribution August 1. AAPPO Board Member Brant Kelch will coordinate field review activities and production of the final accreditation document.

According to AAPPO Chairman Douglas L. Elden, "The AAPPO Guidelines are an important first step in a program that healthcare purchasers nationwide have asked us to pursue. For many purchasers, healthcare costs continue to rise despite cost containment efforts. They have studied the industry and are convinced there is a difference between so-called "first generation" discount-only PPOs and those that truly manage care. Purchasers want to avoid healthcare marketing organizations, they are demanding managed care organizations."

"At the same time," he emphasizes, "AAPPO recognizes the industry is still new and just beginning to evolve to a total managed care product. Our accreditation program will be designed to encourage PPOs that are still developing their systems. The plan is to establish multiple levels of accreditation to accommodate start-up and mature PPOs alike."

It is expected that specific accreditation criteria will be completed in the Fall of 1988 with survey activity commencing in early 1989. A complete report on PPO Accreditation will be given at the AAPPO's Annual Fall Forum, October 2-4, the Fairmont Hotel, Dallas. For more information and a conference brochure, call (312) 644-6610 x270.

The preliminary guidelines will be available after August 1 from the AAPPO, 111 E. Wacker Drive, Suite 600, Chicago, Illinois 60601.
Board of Insurance Medicine
7th Triennial Course
(February, 1988)
in Life & Health Insurance Medicine
Course Lectures Now Available

A collection of lectures presented at the 7th Triennial Course in Life & Health Insurance Medicine held at The Wigwam, Litchfield Park, Arizona on February 14-19, 1988 is now available in binder form. Copies are available on a “first come/first served” basis and can be ordered from:

Milan F. Bures, M.D.
Secretary-Treasurer
Board of Insurance Medicine
State Mutual Life Assurance Co.
440 Lincoln Street
Worcester, MA 01605

Please enclose a $50.00 (U.S. currency) check per copy with your order.

LOMA
Publishes New Underwriting Textbook
Medical Underwriting: Syllabus and Readings

ATLANTA, June 7, 1988 — Underwriting-specific articles on such vital topics as AIDS, substance abuse, blood chemistry profiles and diabetes, among others are included in Medical Underwriting: Syllabus and Readings, a new LOMA-published textbook for FLMI Course 10 - Selection of Risks.

The new book is a collection of original and reprinted articles that will supplement the text The Human Body: Its Function in Health and Disease, which was adopted for use in the course last year.

Medical Underwriting is priced at $20.00 and is available in the United States from Professional Book Distributors (PBD), (800) 848-0773 (outside Georgia) or (404) 442-8631 (Georgia residents). The text is also available in Canada from the Albert Britnell Bookshop, (461) 924-3678.


As medical costs continue to escalate, government and third party payers have grown more aggressive in stipulating how physicians and other clinicians should practice medicine. With an unprecedented emphasis on efficiency and cost control, a new marketplace for health care has developed. Competition among providers is fierce. Existing institutions are closing. New delivery systems are emerging.

To order THE NEW MEDICAL MARKETPLACE, call 1-800-537-JHUP or write the Johns Hopkins University Press, 701 West 40th Street, Suite 275, Baltimore, Maryland 21211. $12.95 paperback, $26.50 hardcover. Check or complete credit card information must accompany each order. For prepaid orders, enclose $2.00 for postage. Maryland residents please add 5% sales tax.

Position Available

UNUM Life Insurance Company
Assistant Medical Director, full time.

Position involves underwriting (disability, medical and life) and benefits support, with the focus being on disability claims and a small amount of hands-on clinical work in the employee health clinic. Board Certification and experience in family medicine, internal medicine, occupational medicine, rehabilitation medicine or insurance medicine preferred. Must have experience, expertise or proven special interest in the evaluation and rehabilitation of disabled persons. Please send CV to:

Mark E. Battista, M.D.
Vice President and Medical Director
UNUM Life Insurance Company
Box JIM
2211 Congress Street
Portland, ME 04122
(Telephone: (207) 770-2950)